

NC IMMUNIZATION PROGRAM (NCIP) VACCINE TRANSFER FORM

Date of Transfer: _____

Person Completing Form: _____

Provider Transferring Vaccine: _____

Street Address: _____ City: _____

Phone Number: (_____) _____ Pin #: _____
(For Immunization Branch Use Only)

Provider Receiving Vaccine: _____

Street Address: _____ City: _____

Phone Number: (_____) _____ Pin #: _____
(For Immunization Branch Use Only)

Vaccine(s) being transferred:

Vaccine Type EIPV
Manufacturer/Lot # Aventis T0697-2
Expiration Date 7/3/2003
of doses transferred 20 doses

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

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Manufacturer/Lot # _____
Expiration Date _____
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Vaccine Type _____
Manufacturer/Lot # _____
Expiration Date _____
of doses transferred _____

Please call 1-877-873-6247 if you have any questions.

Purpose:

To provide a generic method for immunization providers to report vaccine transfers between NCIP participants to the North Carolina Immunization Branch.

Preparation:

1. Complete the demographic data including provider name and street address for both the transferring and receiving facilities.
2. Report all doses transferred, including multi-dose vials, single-dose vials, and manufacturers pre-filled syringes. Include vaccine type, manufacturer, lot number, expiration date and number of doses transferred.
3. Make a copy for your records.

Distribution:

Mail form to: Immunization Branch
 1917 Mail Service Center
 Raleigh, NC 27699-1917

Fax form to: 1-800-544-3058

Email form to: ncirhelp@dhhs.nc.gov

Disposition:

Retain a copy of the completed form for three years or destroy when agency need ends.

Reordering:

User may copy form as needed or call 1-877-873-6247 or fax 1-800-544-3058 for more copies.